

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 000716 FILING DATE 1-5-93  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2	1		1				52						
3	1		1				53						
4		3		2			54						
5	1		1				55						
6	1		1				56						
7	1		1				57						
8		3		2			58						
9		0		0			59						
10		0		0			60						
11	1		1				61						
12		1		1			62						
13			1				63						
14				1			64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6		7				TOTAL IND.						
TOTAL DEP.	9		9				TOTAL DEP.						
TOTAL CLAIMS	15		16				TOTAL CLAIMS						

**BEST AVAILABLE COPY**

000716/2102